



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEETRANSMITTAL For FY 2009		Application Number	10/600,584-Conf. #5497
		Filing Date	June 19, 2003
		First Named Inventor	Robert W. Blakesley
		Examiner Name	J. S. Brusca
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1631
TOTAL AMOUNT OF PAYMENT		(\$) 1,300.00	Attorney Docket No.
			55670DIV(45858)

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES	Fee Description	Small Entity	Fee (\$)	Fee (\$)	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)			52	26			
Each independent claim over 3 (including Reissues)			220	110			
Multiple dependent claims			390	195			
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
17 - 20 or HP	x	=		Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3 - 3 or HP	x	=					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)	Fees Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00							
1801 Request for continued examination (RCE) (see 37 ... 810.00)							

SUBMITTED BY	
Signature	
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.
Registration No. Attorney/Agent)	34,901
Telephone	(617) 517-5516
Date	July 7, 2009



Application No. (if known): 10/600,584

Attorney Docket No.: 55670DIV(45858)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM258541036US in an envelope addressed to:

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on July 7, 2009
Date


Signature

Dawn E. Grimes

Typed or printed name of person signing Certificate

34,901
Registration Number, if applicable

(617) 517-5516
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Request for Continued Examination Transmittal (1 page)

IDS (Citation) by Applicant (2 References) (2 pages)

Information Disclosure Statement (2 pages)

Charge \$1,300.00 to deposit account 04-1105